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**May 06 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 814433 (9)

1. Corporation Name
PRINCIPAL INVESTORS CORPORATION



Principal Place of Business 711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0000 US	Mailing Address 711 HIGH STREET C/O BETTY CREIGHTON, LAW DEPT. DES MOINES IA 50392-0001 US
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3. Date Incorporated or Qualified 05/25/1960	3a. Date of Last Report 04/24/1996
4. FEI Number 22-1713309	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, JOYCE N.	1.2 NAME	
STREET ADDRESS	5834 PLEASANT DR	1.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	DES MOINES IA	1.4 CITY-ST-ZIP	Des Moines, IA 50392
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, STEPHAN L.	2.2 NAME	
STREET ADDRESS	400 - 38TH PLACE	2.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	DES MOINES IA	2.4 CITY-ST-ZIP	Des Moines, IA 50392
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRICKER, MARY L	3.2 NAME	
STREET ADDRESS	920 29TH STREET	3.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	DES MOINES IA 50312	3.4 CITY-ST-ZIP	Des Moines, IA 50392
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHM, CHARLES E.	4.2 NAME	
STREET ADDRESS	2612 THORNTON AVENUE	4.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	DES MOINES IA	4.4 CITY-ST-ZIP	Des Moines, IA 50392
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRURY, DAVID J.	5.2 NAME	
STREET ADDRESS	RR1, BOX 66 NA	5.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	WAUKEE IA 50263	5.4 CITY-ST-ZIP	Des Moines, IA 50392
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, RAY S.	6.2 NAME	
STREET ADDRESS	3006 S.W. 30TH	6.3 STREET ADDRESS	711 High Street
CITY-ST-ZIP	DES MOINES IA	6.4 CITY-ST-ZIP	Des Moines, IA 50392 (See Attachment A)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Joyce N. Hoffman* **4/22/97** **515/247-5111**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joyce N. Hoffman, Vice President & Corporate Secretary

Date _____ Daytime Phone # _____

CR2E034 (9/96)

**Attachment A
Principal Investors Corporation
Directors and Officers**

13-Feb-97

Director

Name, Title, and Date Elected	
John Barry Griswell Chairman	1/24/97
Ray Stephens Crabtree	1/24/97
David James Drury	1/24/97
Michael Harry Gersie	1/24/97
Thomas John Graf	1/24/97
Theodore Murtagh Hutchison	1/24/97
Stephan Lowry Jones	1/24/97
Ronald Eugene Keller	1/24/97
Gregg Ross Narber	1/24/97
Charles Edward Rohm	1/24/97

Officer

Name, Title, and Date Elected	
Stephan Lowry Jones President	1/24/97
Michael Jon Beer Vice President and Chief Operating Officer	1/24/97
Joyce Nixson Hoffman Vice President and Corporate Secretary	1/24/97
Craig Lawrence Bassett Treasurer	1/24/97